Mail to:

Illinois Department of Agriculture Bureau of Weights and Measures State Fairgrounds, P.O. Box 19281 Springfield, IL 62794-9281

AGR.WM.PIS@illinois.gov Email to:

W & M Office W & M Inspector Device Owner(s) Service Person/Company

DISTRIBUTION:

SERVICE PERSON DECAL

Bureau of Weights and Measures PLACED IN SERVICE REPORT LP METERS

Complete all information NAME:			CALIBRATION		NOTE: If service work is being done because of a rejected or condemned tag, please include business number from tag or state test report		
			NEW Bus	(IF NEW OR A REPLACEMENT)			
			C.O.C. NUMBER:				
			ALL INFORMATION IN THIS AREA IS REQUIRED!		: <u>D:</u>	MAJOR OVERHAU	IL
MAKE OF METER	<u>SIZE(")</u>		SERIAL #	NOTE: A WET DOWN WAS DONE	<u>YES</u>		<u>NO</u>
TOTALIZER READING	START		FINISH	*METER THERM. WELL			
*TEMP. COMP Yes No	*RECORDER Yes No	*1 ! Ye:	NDICATOR s No	*TICKET PRINTER IS CORRECT			
vent Counter - Calibration	Configu	wation		*GALLONS PER MINUTE	-MAX		-MIN
vent Counter - Cambration	Comiguration		TEST DATA	UNCOMPENSATED			
				1. TYPE OF TEST	NOR or SPEC		NOR or SPEC
TEST DATA COMPE			TED	2. FLOW RATE		GPM	
1. TYPE OF TEST	NOR or SPEC		NOR or SPEC	3. METER TEMP-35 GL		°F	
2. FLOW RATE		GPM		4. METER TEMP-70 GL		°F	
3. PROVER PRESSURE		PSI		5. PROVER PRESSURE		PSI	
4. PROVER TEMP		°F		6. PROVER TEMP		°F	
5. PROVER READING		GAL		7. PROVER READING		GAL	
6. METER TEMP		°F		8. AVG. METER TEMP		°F	
7. TEMP CORR. FACTOR				9. PROVER TEMP		°F	
8. TEMP CORR. VOLUME		GAL		10. TEMP DIFF.		°F	
9. PRESS CORR. FACTOR				11. TEMP CORR. FACTOR			
10. CORRECTED PROVE READING		GAL		12. TEMP CORR. FACTOR		GAL	
11. METER READING		GAL		13. PRESS CORR. FACTOR			
12. NET METER ERROR		GAL		14. CORRECTED PROVER READING		GAL	
				15. METER READING		GAL	
				16. NET METER ERROR		GAL	
re seals on: Yes No					SIZE/TYF	PE OF P	ROVER:
Seals have Service Person Number				LAST DA	ATE OF PROVER	CALIBE	RATION:
Does the installation meet all specind Measures Act and NIST HB 4	4 ? Yes No		-	This is to certify that I had described. All adjustments h			
By checking this box and providing the be emporary commercial use of the device desc				SERVICE PERSON NAME REGIS	TRATION NUMBER		DATE
OWNER/MANAGER/OPERATOR				SERVICE COMPANY REGIS	TRATION NUMBER		DATE